

# Applied Resolutions LLC

An Independent Review Organization

Phone Number:  
(817) 405-3524

900 N Walnut Creek Suite 100 PMB 290  
Mansfield, TX 76063

Email: [appliedresolutions@irosolutions.com](mailto:appliedresolutions@irosolutions.com)

Fax Number:  
(817) 385-9609

## Notice of Independent Review Decision

Case Number:

Date of Notice: 05/04/2015

### Review Outcome:

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Orthopedic Surgery

### Description of the service or services in dispute:

L2-3 and L3-4 TLIF and post spinal fusion L2-L4 with spinal monitoring with 3 days LOS

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

### Patient Clinical History (Summary)

The patient is a male who was injured on xx/xx/xx when he was moving a dolly down a ramp when the load fell causing him to fall. The patient sustained an injury to the lumbar spine and is status post L4 through S1 lumbar spinal fusion on 12/29/09. The patient had been followed by postoperatively for ongoing and progressive low back pain radiating to the lower extremities. The patient had not improved with further physical therapy. The patient reported temporary benefits from injections at the L3-4 level. Radiographs of the lumbar spine from March of 2012 did note a spinal fusion from L4 through S1. The report did note slight excursion at the higher lumbar levels without abnormal motion. There was a CT myelogram study of the lumbar spine completed on 06/27/14 which noted a 3mm soft tissue protrusion at L2-3 and at L3-4 effacing the thecal sac with moderate foraminal stenosis present. There was facet arthropathy at L3-4 also contributing to left worse than right foraminal stenosis. There did appear to be a left laminotomy defect at the L3-4 level. No evidence of significant canal or foraminal stenosis was noted. There was no indication of spondylolisthesis, disc space collapse, or motion segment instability at either L2-3 or L3-4. The patient was seen by through January of 2015. The 01/21/15 clinical report noted some limited range of motion in the lumbar spine with pain to palpation over the lumbar paraspinal region. Motor strength was intact in the lower extremities but straight leg raise signs were reported to be positive to the right. Reflexes were 1-2+ and symmetric in the lower extremities. There was no sensory loss evident. opined that as pain was confirmed by injections at L2-3 and L3-4 and the L3-4 segment was unstable, the patient reasonably required an L2-3 and L3-4 transforaminal lumbar interbody fusion followed by posterior fusion L2 to L4.

The surgical requests were denied on 03/19/15 as there was no evidence on imaging studies consistent with instability or evidence of significant adjacent level segment disc disease. There was also no evidence of progressive stenosis at L2-3.

The requests were again denied on 04/13/15 as there was no preoperative psychological evaluation.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient has been followed by for progressive low back and lower extremity complaints. The most recent evaluation by in January of 2015 did not identify any focal neurological deficits involving the upper lumbar levels. The CT myelogram study of the lumbar spine did note some foraminal stenosis at L3-4 and to a lesser extent at L2-3; however, there was no evidence of spondylolisthesis, severe collapse of the disc spaces at L2-3 or L3-4 as well as any evidence of motion segment instability at these levels. Given the limited objective evidence regarding adjacent level segment disc disease as well as negative findings on physical examination for progressive radiculopathy, it is this reviewer's opinion that the medical records have not addressed the prior reviewer's concerns and the proposed surgical procedures at L2-3 and L3-4 are not medically necessary at this time. As such, the prior denials remain upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)